## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 06, 2004 08:00 AM **DOCUMENT # P97000086739** Secretary of State 1. Entity Name L.S.R. MARINE SALES, INC. Mailing Address Principal Place of Business 6110 PEMBROKE ROAD 6110 PEMBROKE ROAD MIRAMAR FL 33176 MIRAMAR FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State 4. FEI Number City & State 65-0784486 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EBER, ROBERT C Street Address (P.O. Box Number is Not Acceptable) 10761 SW 104TH ST MIAMI FL 33176 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and tille if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change Addition Delete TITLE TITLE NAME RUBLE, LANCE NAME STREET ADDRESS U000000079442 6110 PEMBROKE ROAD STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33023 03/08/04-80066-003 150.00 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Addition ☐ Delete □ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY - ST- ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daving Phone #

12. I hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if